01823

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH · COUNTY: Kent — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown — LENGTH OF STAY (in this place): 30 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown R.D. #1
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Morgnes R.D. #1	STREET ADDRESS (If rural, give location): Morgnes

3. NAME OF DECEASED (Type or Print)	(First) Emma	(Middle) Marie	(Last) Bartz	4. DATE OF DEATH	(Month) Feb.	(Day) 4	(Year) 1952
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: Feb. 12 1880	9. AGE last birthday: 71 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife	10b. KIND OF BUSINESS OR INDUSTRY: farming	11. BIRTHPLACE (State or foreign country): Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: August Zinn	14. MOTHER'S MAIDEN NAME: Caroline Myers						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: none	17. INFORMANT AND ADDRESS: Emil Bartz - Chestertown R.D. Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart failure not organic — 3 days

434.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Flu from history of family

(c) when I first saw her

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old age. general debility

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 31, 1952, to Feb 2, 1952 that I last saw the deceased alive on 2-3-, 1952, and that death occurred at 6-45 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H P Copeland	MD	Chestertown Kent	Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: Feb. 7, 1952	NAME OF CEMETERY OR CREMATORY: Chester Cemetery	LOCATION (City, town, or county) (State): Chestertown, Maryland
DATE REC'D BY LOCAL REG.: Feb. 6-1952	REGISTRAR'S SIGNATURE: Clara S. Barnes.	24. FUNERAL DIRECTOR: Marvin V. Williams - Chestertown, Md.	ADDRESS

M

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 11 1952
BUREAU V. S.

01824

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Still Pond - LENGTH OF STAY (in this place) for life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Still Pond -
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) LILLIE (Middle) (Last) BROOKS
4. DATE OF DEATH (Month) FEB (Day) 6 (Year) 1952
5. SEX F
6. COLOR OR RACE COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH OCT 31, 1897
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK
10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME LEONARD BANKS
14. MOTHER'S MAIDEN NAME GERTRUDE BROOKS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-18-5681
17. INFORMANT AND ADDRESS ALONZA BROOKS STILLPOND, MD. WORTON (P.O.)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) PULMONARY EDEMA

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) RIGHT HEART FAILURE

(c) CORONARY THROMBOSIS (PROBABLE)

3 hours

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARTERIAL HYPERTENSION — Several years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended ~~the deceased from~~ ....., 19....., to ....., 19....., ~~that I last saw the~~ deceased died ~~alive~~ on 2-6, 1952, and that death occurred at 9:00 P m., from the causes and on the date stated above.

SIGNATURE Robert W. Fair (Degree or title) M.D. ADDRESS Chestertown, Md DATE SIGNED 2-6-52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE THEREOF 2/10/52
NAME OF CEMETERY OR CREMATORY Coleman Worton Rural Md
LOCATION (City, town, or county) Worton Coleman (State) Md

DATE REC'D BY LOCAL REG. 2/10/52
REGISTRAR'S SIGNATURE E Kennard Jones
24. FUNERAL DIRECTOR C B R Fellows ADDRESS Stillpond Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
FEB 13 1952
BUREAU V. S.

1897

MARYLAND STATE DEPARTMENT OF HEALTH

01825

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Worton, Md.
LENGTH OF STAY (in this place) 6 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Worton Pt.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Virginia — COUNTY Mathews Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gwynns Island
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Elijah (Last) Buchanan

4. DATE OF DEATH (Month) 2 (Day) 24 (Year) 19 52

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W

8. DATE OF BIRTH Jan 21, 1875

9. AGE last birthday 77 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fisherman

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country) Mathews County, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Elijah Buchanan

14. MOTHER'S MAIDEN NAME Elizabeth Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. Leonard Lears, Worton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	2 Min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerotic cardiovascular Disease	9 years
	(c)	

420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/30, 19 51, to 2/24, 19 52, that I last saw the deceased alive on 1/3, 19 52, and that death occurred at 10:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert E. Enos, M.D. ADDRESS Chesterton, Md. DATE SIGNED 2/24/52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial — DATE THEREOF Feb. 28, 1952 — NAME OF CEMETERY OR CREMATORY Gwynns Island Cmty — LOCATION (City, town, or county) Gwynns Island, (State) Va.

DATE REC'D BY LOCAL REG. 2/27/52 — REGISTRAR'S SIGNATURE E. Leonard Jones

24. FUNERAL DIRECTOR B.R. Fellows — ADDRESS Still Pond, Md.

VS. A13

RECEIVED
FEB. 28 1952
BUREAU V. S.

01826

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown, Md.
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 210 Wash. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE (Same) COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) 210 Wash. ave.

3. NAME OF DECEASED (Type or Print) (First) SAMUEL (Middle) GEORGE (Last) CALDWELL
4. DATE OF DEATH (Month) 2 (Day) 20 (Year) 1952

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH Feb. 25, 1872
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Business for Self
10b. KIND OF BUSINESS OR INDUSTRY Electrical Appliance
11. BIRTHPLACE (State or foreign country) Massey, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME SAMUEL CALDWELL
14. MOTHER'S MAIDEN NAME Wilhelmina Hurt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs. S. G. Caldwell - Chestertown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	24 HRS.
332 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Thrombosis - left hemiplegia	2 weeks
	(c) Generalized arteriosclerosis	Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1951, to Feb. 20, 1952, that I last saw the deceased alive on Feb. 20, 1952, and that death occurred at 2:45 P.m., from the causes and on the date stated above.

SIGNATURE Robert E. Ensor, M.D. (Degree or title) ADDRESS Chestertown, Md. DATE SIGNED 2/20/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb. 23, 1952
NAME OF CEMETERY OR CREMATORY Galena Cemetery
LOCATION (City, town, or county) Galena Kent Co (State) Md.

DATE REC'D BY LOCAL REG. Feb. 21-1952
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Marvin V. Williams - Chestertown ADDRESS Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

RECEIVED
FEB 25 1932
BUREAU W. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01827

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 536 W. High St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE (Same) COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
SAMUEL	ELSWORTH	COOPER	2	19	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	W	Dec. 13, 1867	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Chief of Police	Kent County	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Cooper	Georgetta Arguedine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	—	Mrs. Fred Robinson, Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	one week
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	2 years
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct. 1, 1951, to 2/18, 1952, that I last saw the deceased alive on 2/18, 1952, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert E. Elson, M.D. Chestertown, Md. 2/19/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 22 1952	Chestertown Cemetery (Chester)	Chestertown Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Feb. 21 1952	Clara L. Barnes.	Marion V. Wallace — Chestertown, Md.

RECEIVED
FEB 25 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01828

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Betterton Md
LENGTH OF STAY (in this place) 43 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Betterton md COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN —
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Young	Crew	Feb	8	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	married	Feb 5 1885	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Wood Work	Betterton Md	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Crew	Mary Elizabeth Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no no	212-16-1485	Mrs Elsie Crew

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Endocarditis	6 mo.
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arterial Sclerosis	1 year.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
—	—	

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—						—

22. I hereby certify that I attended the deceased from Jan, 1952, to Feb 8th, 1952, that I last saw the deceased alive on Feb 8, 1952, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L. P. Atwell	M.D.	Still Pond Md	2/9/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county)	(State)
Burial	Feb 10 52	Still Pond cem	Still Pond	md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/10/52	E. Kumard Jones	B R Fellows	Still Pond Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 13 19
BUREAU V. S.

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01829

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH — COUNTY: Kent Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Betterton Md
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Betterton Kent COUNTY: Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: —
STREET ADDRESS: — (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mrs Laura (Middle) L (Last) Crew
4. DATE OF DEATH: (Month) Feb (Day) 27 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Aug 31 1884 68
9. AGE last birthday: 83 ~~84~~ yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Betterton Md
12. CITIZEN OF WHAT COUNTRY? usa.
13. FATHER'S NAME: Eben W Crew
14. MOTHER'S MAIDEN NAME: Laura Owens
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Louise Crew Betterton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Inanition

501X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malnutrition

(c) Bronchitis — 1 week

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Lobar Pneumonia 2 years ago

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 10, 1952, to Feb 27, 1952, that I last saw the deceased alive on Feb 27, 1952, and that death occurred at 11 45 P m., from the causes and on the date stated above.

SIGNATURE: James Edwin Dedman MD (Degree or title) ADDRESS: Betterton Md DATE SIGNED: Feb 28 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Feb. 29, 1952
NAME OF CEMETERY OR CREMATORY: Still Pond cemetery
LOCATION (City, town, or county) (State): Still Pond Md

DATE REC'D BY LOCAL REG.: 2/29/52
REGISTRAR'S SIGNATURE: E. Kennard Jones
24. FUNERAL DIRECTOR: B. R. Fellows ADDRESS: Still Pond, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 3 1952
BUREAU U. S.

01830

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH — COUNTY: Kent Co — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Worton R — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Worton Md — LENGTH OF STAY (in this place): 32 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Worton Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location): Head of Still Pond Creek

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Arthur Harrison Elliott	4. DATE OF DEATH (Month) (Day) (Year): Feb 27 1952
5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married — 8. DATE OF BIRTH: May 9 1889	9. AGE last birthday: 62 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): District Manager — 10b. KIND OF BUSINESS OR INDUSTRY: Car Consolidate Biscuit Co	11. BIRTHPLACE (State or foreign country): New York City — 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Fredrick H Elliott	14. MOTHER'S MAIDEN NAME: Mary Kline
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): no — 16. SOCIAL SECURITY NO.: 164-011-716	17. INFORMANT AND ADDRESS: Irene Elliott Worton (rural) Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Probable coronary thrombosis — Short time only —

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Recurrent gastrointestinal hemorrhage (2 in number) with multiple transfusions. — 2 years

(c) Attacked jaundice (hepatitis?) following last transfusion in Aug or Sept 1950. [illegible] — 6 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION: mild icterus noted at death. — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): no — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-27, 1952, to 2-27, 1952, that I last saw the deceased alive on 2-27, 1952, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE: R Scott Warr — (Degree or title): M.D. — ADDRESS: Chestertown, Md — DATE SIGNED: 2-28-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Mar. 2, 1952	NAME OF CEMETERY OR CREMATORY: Still Pond cemetery	LOCATION (City, town, or county) (State): Still Pond, Md.
DATE REC'D BY LOCAL REG.: 2/29/52	REGISTRAR'S SIGNATURE: E. Kennard Jones	24. FUNERAL DIRECTOR: B. R. Fellows	ADDRESS: Still Pond, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
MAR 3 1952
BUREAU

Dr. Smith

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01831

CERTIFICATE OF DEATH

Reg. Dist. No. 203

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Kent; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall; LENGTH OF STAY (in this place): all 54; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Shaptons

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall; STREET ADDRESS (If rural, give location): Shaptons

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Mc Kinley (Last) Gaines

4. DATE OF DEATH: (Month) Feb. (Day) 25 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 27 1908

9. AGE last birthday: 43 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): (Farmer) Oyster Shucking

10b. KIND OF BUSINESS OR INDUSTRY: Oyster

11. BIRTHPLACE (State or foreign country): Rock Hall, Kent Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joshua Gaines - R. Hall, Md

14. MOTHER'S MAIDEN NAME: Rosie Butler - R. Hall, Md.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: 220-03-4471

17. INFORMANT AND ADDRESS: Mary Etta Johnson - Rock Hall, Maryland (Sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ruptured esophageal varices — Interval between onset and death: Immediate

581.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cirrhosis of liver — 2

(c)

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None; PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased ~~from~~ on Feb 25, 1952, 19....., that I last saw the deceased alive on Feb 25, 1952, and that death occurred at 11:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Willard F Smith MD; ADDRESS: Rock Hall, Md.; DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: Feb. 28, 1952; NAME OF CEMETERY OR CREMATORY: Shaptons Cemetery; LOCATION (City, town, or county) (State): Rock Hall, Maryland

DATE REC'D BY LOCAL REG.: Feb 27/52; REGISTRAR'S SIGNATURE: S. Elwood Burgess

24. FUNERAL DIRECTOR: Marion V. Williams - Chestertown, Md. ADDRESS

RECEIVED
MAR 3 1952
BUREAU U. S.

Item 21 Film G140 3-4-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01832

Reg. Dist. No. 302

1. PLACE OF DEATH:

COUNTY Kent MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Chestertown

LENGTH OF STAY (in this place) 3 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Kent

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Worton Rural

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Luther (Last) Jones

4. DATE OF DEATH: (Month) Feb (Day) 16 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Aug 18, 1929

9. AGE last birthday: 22 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Cannery

11. BIRTHPLACE (State or foreign country): Church Hill, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Paul Jones, Sr

14. MOTHER'S MAIDEN NAME: Rosabelle Hurtt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-30-8652

17. INFORMANT & ADDRESS: Mrs. Gladys Jones, (wife) Worton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Carbon monoxide poisoning — INTERVAL BETWEEN ONSET AND DEATH: Dk Unknown

891.5

DUE TO

Antecedent cause(s) (b) (60% concentration CO hemoglobin)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway (CITY OR TOWN) Chestertown (COUNTY) Kent (STATE) Md

TIME OF INJURY (Month) 2 (Day) 16 (Year) 52 (Hour) ? M.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Exhaust from engine leaked into car - parked with engine running. (3-4-52 ams)

22. I hereby certify that ~~I attended~~ the deceased ~~from ..... 19 ..... to ..... 19 ....., that I last saw the deceased~~ dead alive on 2-16, 1952, and that death occurred at about 4 am m., from the causes and on the date stated above.

SIGNATURE Robert Nolan (DEGREE OR TITLE) MD ADDRESS Chestertown, Md DATE SIGNED 2-17-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Feb. 19, 1952

NAME OF CEMETERY OR CREMATORY Church Hill Cem.

LOCATION (City, town, or county) (State) Church Hill Maryland

DATE REC'D BY LOCAL REG. Feb. 19-1952

REGISTRAR'S SIGNATURE Clara S. Barnes

24. FUNERAL DIRECTOR J. Willis Wells - Chestertown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S. A15 8-51

1

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RECEIVED
FEB 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01833

Reg. Dist. No. 200

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington. LENGTH OF STAY (in this place) Life. HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Kent. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) FANNY (Middle) J. (Last) MOORE

4. DATE OF DEATH: (Month) Feb (Day) 19 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 21 1873

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Alfred Kirk

14. MOTHER'S MAIDEN NAME: Mary Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: James L Moore Millington Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Heart-Disease — Interval Between Onset and Death: 3 yrs at least

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

443K

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia — 4 days

19a. DATE OF OPERATION: none. 19b. MAJOR FINDINGS OF OPERATION: —. 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —. (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m. INJURY OCCURRED While at Work ☐ Not While At work ☐. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 10, 1951, to Feb 19, 1952, that I last saw the deceased alive on Feb 19, 1952, and that death occurred at 9 10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. H. Hamilton M.D. Millington, Md Feb 22nd 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial. DATE THEREOF: Feb 23/1952. NAME OF CEMETERY OR CREMATORY: Millington Cem. LOCATION (City, town, or county) (State): Millington Md.

DATE REC'D BY LOCAL REG.: Feb. 22. 1952. REGISTRAR'S SIGNATURE: Edward Fellows. 24. FUNERAL DIRECTOR: Edward Fellows. ADDRESS: Millington Md

RECEIVED
FEB 27 1952
BUREAU V. S.

R. Hall
3172

Dr. Smith

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01834

CERTIFICATE OF DEATH

Reg. Dist. No. 2.02

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Kent — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
LENGTH OF STAY (in this place): 10 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent & Queen Anne Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
STREET ADDRESS (If rural, give location): Swan Point

3. NAME OF DECEASED (Type or Print): (First) Budd (Middle) F. (Last) Potts

4. DATE OF DEATH: (Month) Feb. (Day) 19 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Aug. 9 1872

9. AGE last birthday: 79 yrs.

If under 1 year: Months / Days

If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Queen Annes County Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Daniel Potts (Dec)

14. MOTHER'S MAIDEN NAME: Catherine Shannon (Dec)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Harvey Coleman - Rock Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia - pneumonia — Interval Between Onset and Death: One wk.

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension - Nephrosclerosis — Years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN): — (COUNTY): — (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb 12, 1952, to Feb 19, 1952, that I last saw the deceased alive on Feb 18, 1952, and that death occurred at 2.4 m., from the causes and on the date stated above.

SIGNATURE: Willard F Smith MD (Degree or title) — ADDRESS: Rock Hall, Maryland — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb. 21 1952 — NAME OF CEMETERY OR CREMATORY: Crumpton Cemetery — LOCATION (City, town, or county) (State): Crumpton Queen Anne Co. Md.

DATE REC'D BY LOCAL REG.: Feb. 21, 1952 — REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR — ADDRESS: Marvin V. Williams - Chestertown, Maryland

VS-A15

RECEIVED
FEB 25 1932
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH

01835

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Galena
LENGTH OF STAY (in this place): all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Galena
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) Rhoda (Middle) C. (Last) Scotten
4. DATE OF DEATH: (Month) Feb. (Day) 21 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 23 1875
9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeping
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Galena, Kent Co. Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: John Mulford
14. MOTHER'S MAIDEN NAME: Annie Miller (Sate)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS: Mrs Selma Scotten - Galena, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary Occlusion	Sudden
420. Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic coronary disease	3 years
	(c) Hypertension	3 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): —
TIME OF INJURY (Month) (Day) (Year) (Hour): —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb 10, 19 52, to Feb 21, 19 52, that I last saw the deceased alive on Feb 20, 19 52, and that death occurred at 9 20 A m., from the causes and on the date stated above.

SIGNATURE: H H Hamilton (Degree or title) M.D. ADDRESS: Millington Md DATE SIGNED: 2/23/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Feb. 24, 1952
NAME OF CEMETERY OR CREMATORY: Galena Cemetery
LOCATION (City, town, or county) (State): Galena Maryland

DATE REC'D BY LOCAL REG.: Feb. 23, 1952
REGISTRAR'S SIGNATURE: Elizabeth J. Mulford
24. FUNERAL DIRECTOR / ADDRESS: Marvin V. Williams - Chestertown, Md.

RECEIVED
FEB 26 1952
BUREAU V. S.

Items 8, 9 FilmG139 2/18/52 whw

01836

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2 02

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kentown Queen Anns

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Betterton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Louis (Middle) (Last) Sykes

4. DATE OF DEATH: (Month) Feb. (Day) 9 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 11-4-1884

9. AGE last birthday: 67 Years | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Commercial Fishing

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Betterton, Kent, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ferdinand Sykes

14. MOTHER'S MAIDEN NAME: Hannah Wilhemina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Intestinal obstruction	6 days
153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of the ascending colon	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis; Malnutrition

19a. DATE OF OPERATION: 2-6-52

19b. MAJOR FINDINGS OF OPERATION: Mass in ascending colon; distended loops of bowel

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-6, 1952, to 2-9, 1952, that I last saw the deceased alive on 2-9, 1952, and that death occurred at 12 25 P. m., from the causes and on the date stated above.

SIGNATURE: A. J. Dick (Degree or title) M.D. ADDRESS: Chestertown, Md. DATE SIGNED: 2-9-52

23. BURIAL, CREMATION / REMOVAL (Specify): Burial | DATE THEREOF: 2/12/52 | NAME OF CEMETERY OR CREMATORY: Still Pond Cemetery | LOCATION (City, town, or county) (State): Still Pond, Md.

DATE REC'D BY LOCAL REG.: Feb. 11-1952 | REGISTRAR'S SIGNATURE: Clara S. Barnes,

24. FUNERAL DIRECTOR: B.R. Fellows ADDRESS: Still Pond, Md.

RECEIVED
FEB 13 1952
BUREAU V. S.

Item 9 FilmG139 2/8/52 whw

Fars

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01837

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH COUNTY: Kent County MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Fountain COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Horton Md — LENGTH OF STAY (in this place): 10 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Horton Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —	STREET ADDRESS (If rural, give location): Horton Md

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Roland Wilson			4. DATE OF DEATH (Month) (Day) (Year): Feb 1 1952		
5. SEX: Male	6. COLOR OR RACE: Colored	7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married	8. DATE OF BIRTH: unknown	9. AGE last birthday: 50? unknown yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumbing	10b. KIND OF BUSINESS OR INDUSTRY: Plumbing	11. BIRTHPLACE (State or foreign country): Rural Horton Md Colemans	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Alexander Wilson		14. MOTHER'S MAIDEN NAME: Annie Wilmer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service): no	16. SOCIAL SECURITY NO.: no 218-09-5077	17. INFORMANT AND ADDRESS: Gussie Wilson.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis — 4 weeks

4201 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1952, to 2-1, 1952, that I last saw the deceased alive on 2-1, 1952, and that death occurred at 1:45 am m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert W Fare	M.D.	Chestertown Md	2-2-52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial	DATE: Feb 3 1952	NAME OF CEMETERY OR CREMATORY: Colemans cemetery	LOCATION (City, town, or county) (State): Rural Horton Md
DATE REC'D BY LOCAL REG.: 2/2/52	REGISTRAR'S SIGNATURE: E Kennard Jones	24. FUNERAL DIRECTOR: B R Fellows Still Pond Md	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

CORONARY THROMBOSIS

RECEIVED
FEB 5 19[illegible]
BUREAU V.S.